

Exhibit 36

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 2/21/2024

Date IAC Received 1824: 2/14/2024

1824 Log Number: 520316

Inmate's Name: [REDACTED]

CDCR # [REDACTED]

Housing: B2-[REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED] Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Staff Services Analyst [REDACTED] Field Training Lieutenant [REDACTED] Principle (A) [REDACTED]

Summary of Inmate's 1824 Request: Inmate reports difficulty waking up on time due to being a deep sleeper and documented hearing impairment; Inmate requests sign language classes and a vibrating watch.

Interim Accommodation:

No interim accommodation required: You are currently designated Hearing Impaired, Not Impacting Placement (DNH) and accommodated with hearing aids.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports difficulty waking up on time due to being a deep sleeper and documented hearing impairment; Inmate requests sign language classes and a vibrating watch.

Response: On 2/21/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Your request was forwarded to the Central Screening Team (CST) for review. The CST identified your claim regarding programs and determined it does not fit within the scope of a request for reasonable accommodation. These claims have been referred to the appropriate department and will be responded to within sixty days via a grievance response.

A review of Strategic Offender Management System (SOMS) indicates you are currently designated DNH with primary Effective Communication (EC) of needs staff to speak loudly and clearly and alternate of hearing aids. Accounting confirmed you are not considered indigent. You may utilize approved processes to purchase a vibrating watch. Sign Language Interpreter (SLI) classes are not currently available at California Substance Abuse Treatment Facility and State Prison at Corcoran (CSATF).

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Grievance Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate: MAR 12 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only) 520316	DATE RECEIVED BY STAFF: <i>CSATF OFFICE</i> FEB 14 2024 <i>COMPLAINTS & GRIEVANCES</i>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****		
DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		

INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT N/A	HOUSING B2
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- INSTRUCTIONS:**
- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
 - You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
 - Submit this form to the Custody Appeals Office.
 - The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
 - The CDCR 1824 is a request process, not an appeal process. All CDCR-1824 requests will receive a response.
 - If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?
I can't wake up on time and depend on my Bunkie/Celly to wake me up. And I can't afford paying from the catalog.

WHY CAN'T YOU DO IT?
I am a deep sleeper (AND HAVE DOCUMENTED HEARING IMPAIRMENT.)

WHAT DO YOU NEED?
I like to request to get a sign language classes and a vibrating watch and Alarm.

... (Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:
Hearing impaired

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

[REDACTED] INMATE'S SIGNATURE	1-31-2024 DATE SIGNED	
Assistance in completing this form was provided by: [REDACTED]	[REDACTED]	[REDACTED]
Last Name	First Name	Signature

DRAFT

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR # [redacted] CDCR 1824 Log #: 520316

STEP 1 INTERIM ACCOMMODATION ASSESSMENT Date CDCR 1824 received by IAC: 02 / 14 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3) No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[redacted] AGPA [redacted] 02 / 14 / 24
 Person Completing Step 1 Title Date Completed

STEP 2 CDCR 1824 INTERVIEWS *Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
 Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ **Location:** _____

Interviewer notes: _____

Staff Interviewed: _____ **Title:** _____ **Interview date:** ___ / ___ / ___

Interviewer Notes: _____

Staff Interviewed: _____ **Title:** _____ **Interview date:** ___ / ___ / ___

Interviewer Notes: _____

Notes: A REVIEW OF SOMS INDICATES I/M IS CURRENTLY DESIGNATED DNH WITH PRIMARY EC OF NEEDS STAFF TO SPEAK LOUDLY AND CLEARLY AND ALTERNATE OF HEARING AIDS. ACCOUNTING CONFIRMED I/M IS NOT CONSIDERED INDIGENT. I/M MAY UTILIZE APPROVED PROCESSES TO PURCHASE A VIBRATING WATCH. SLI CLASSES ARE NOT CURRENTLY AVAILABLE AT SATF.

_____ / ___ / ___

Interviewer (Print Name) Title Signature Date Completed

IAP / Interview Worksheet

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 520316

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation **IS NOT required.**

Reason: _____

An Interim Accommodation **IS required.**

Reason: _____

Accommodation(s) provided:

Date provided:

_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: _____

[REDACTED]

AGPA

02 / 15 / 24

Person Completing Step 3

Title

Signature

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Wednesday February 14, 2024 02:01:48 PM

As of: 02/14/2024 [arrow icon]

OFFENDER/PLACEMENT

CDC# [REDACTED]
Name [REDACTED]
Facility: SATF-Facility B
Housing Area/Bed: B 002 [REDACTED]
Placement Score: 31
Custody Designation: Medium (A)
Housing Program: General Population
Housing Restrictions:
Physical Limitations
to Job/Other:

DISABILITY ASSISTANCE

Current DDP Status: NCF
DDP Adaptive: None
Support Needs:
Current DDP Status Date: 11/07/2012
DPP Codes: DNH
DPP Determination Date: 01/24/2017
Current MH LOC: GP
Current MH LOC Date: 11/02/2012
SLI Required: No
Interview Date: 06/19/2019
Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clearly
Alternate Method - Hearing: Hearing Aids
Non-Formulary Alternative methods:
Accommodations/Comments: **American Sign Language
Reads Lips
Written Notes
Sign Exact English**

Refer to updated EC Chrono (rev. 12/13) CDC 128B dated 6/19/19

Learning Disability:
Initial Reading Level: 04.4
Initial Reading Level Date: 10/16/2018
Durable Medical Equipment: Hearing Aid
Hearing Impaired Disability Vest

Languages Spoken:

IMPORTANT DATES

Date Received: 11/02/2012
Last Returned Date:
Release Date: 12/28/2037
Release Type: Earliest Possible Release Date

WORK/VOCATION/PIA

Privilege Group: A
Work Group: A1
AM Job Start Date:
Status:
Position #:
Position Title:
Regular Days On:

Exhibit 3

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 12/20/2023

Date IAC Received 1824: 12/15/2023

1824 Log Number: 492884

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: CTC: [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Physician and Surgeon Dr. N. Ndu, Psychologist Dr. [REDACTED] Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Staff Services Analyst [REDACTED] Field Training Lieutenant [REDACTED]

Summary of Inmate's 1824 Request: Inmate reports getting winded while wheeling himself to the podium for announcements; Inmate requests staff make personal notifications to him at his cell.

Interim Accommodation:

No interim accommodation required: You are safely accessing Programs, Services, or Activities (PSA)s in your wheelchair and has access to Americans with Disabilities Act (ADA) workers for assistance if needed.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports the battery in talking book player no longer works; Inmate requests a replacement battery pack.

Response: On 12/20/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 12/15/2023, you were observed accessing Programs, Services, or Activities (PSA)s while in possession of your wheelchair. You were educated on how to utilize your wheelchair and ask for assistance from ADA workers to provide assistance if needed.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Grievance Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate: JAN 12 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 492884	DATE RECEIVED BY STAFF: CSATF OFFICE DEC 15 2023 OF GRIEVANCES	
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC			
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT 2W ADA	HOUSING F1 - [REDACTED]

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

I get wind just trying to go the podium and anywhere else,

WHY CAN'T YOU DO IT?

I just returned 2 days ago from a 5 day stay in the Hospital for pneumonia. It has been very difficult moving around, even just to the podium. I

WHAT DO YOU NEED?

I have previously asked about having come to inform me about announcements because I can rarely understand, to no avail. And now, if I am paged to the podium, or medical appointments, I need to have some come down to call 9 to help me, YES! even to just the podium. I am getting wounded for the smallest activity.

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes No Not Sure

List and attach documents, if available:

I understand that staff h

to cooperate may cause this request to be disapproved.

12-12-23
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 492884

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 12 / 15 / 23

Does the inmate raise issues on the CDCR 1824 that may cause the Inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3) **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the Inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED] AGPA [REDACTED] 12 / 15 / 23
 Person Completing Step 1 Title Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: 12 / 15 / 23 Due back to IAC: 12 / 18 / 23 Returned to IAC: 12 / 18 / 23
 Assigned to: FACILITY F Title: FTS

Information needed: PLEASE ENSURE I/M IS SAFELY ACCESSING PSA'S AND IS IN POSSESSION OF HIS ASSIGNED WHEELCHAIR. PLEASE ADVISE I/M HE MAY UTILIZE HIS WHEELCHAIR AND REQUEST ASSISTANCE WITH PUSHING FROM ANY ADA WORK OR STAFF.

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
 Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: 12/15/23 2000HRS Location: F1

Interviewer notes: I observed I/m accessing PSA's while in possession of his wheelchair. I explained to him how to utilize his wheelchair and ask for assistance from ADA workers to push and assist him when needed.

Staff Interviewed: [REDACTED] Title: [REDACTED] Interview date: 12 / 15 / 23

Interviewer Notes: Officer [REDACTED] stated she sees I/m Jacques using his wheelchair and being assisted by ADA workers to access PSA's.

Staff interviewed: _____ Title: _____ Interview date: 1 / 1 /

Interviewer Notes: _____

Notes: A REVIEW OF SOMS INDICATES I/M IS CURRENTLY DESIGNATED DPO WITH AN ASSIGNED WHEELCHAIR. I/M MAY REQUEST ASSISTANCE WITH ACCESSING FROM ADA WORKERS OR STAFF, INCLUDING THE ADA WORKER CURRENTLY ASSIGNED TO THE SAME HOUSING POD.

[REDACTED] SGT [REDACTED] 12 / 15 / 23
 Interviewer (Print Name) Title Signature Date Completed

IAP / Interview Worksheet

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 492884

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation **IS NOT** required.

Reason: I/m is safely accessing PSA's # in wheelchair and has access to ADA workers for assistance.

An Interim Accommodation **IS** required.

Reason: _____

Accommodation(s) provided:

Date provided:

Comments: _____

[redacted] AGPA [redacted] 12 / 12 / 23
Person Completing Step 3 Title Signature Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.


Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Friday December 15, 2023 10:44:10 AM

As of: 

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
<p>CDC#: [REDACTED] Name: [REDACTED] Facility: SATF-Facility F Housing F 001 [REDACTED] Area/Bed: Placement Score: 19 Custody Medium (A) Designation: Housing Program: Non-Designated Program Facility Housing Ground Floor-Limited Stairs Restrictions: Lower/Bottom Bunk Only Physical Transport Vehicle with Lift Limitations to Special Cuffing Needed Job/Other: Permanent - 12/31/9999</p>	<p>Current DDP Status: NCF DDP Adaptive: None Support Needs: Current DDP Status Date: 10/23/2017 DPP Codes: DPO DPP Determination Date: 05/11/2023 Current MH LOC: CCCMS Current MH LOC Date: 08/09/2023 SLI Required: Interview Date: Non-Formulary Accommodations/Comments: Learning Disability: Initial Reading Level: 12.9 Initial Reading Level Date: 10/30/2017 Durable Medical Equipment: Air Cushion (for Wheelchair Seat) Canes Mobility Impaired Disability Vest Diabetic Supplies/Monitors Eyeglass Frames Incontinence Supplies Night Guard Therapeutic Shoes/Orthotics Walkers Wide Wheel Chair Languages Spoken:</p>

IMPORTANT DATES	WORK/VOCATION/PIA
<p>Date Received: 10/18/2017 Last Returned Date: Release Date: 08/27/2207 Release Type: Minimum Eligible Parole Date</p>	<p>Privilege Group: A Work Group: A1 AM Job Start 05/19/2021 Date: Status: Full Time Position #: AD1.001.007 Position Title: F B-1 ADA WORKER GROUP A Regular Days On: Monday through Friday (06:30:00 - 10:00:00) Monday through Friday (10:30:00 - 14:00:00)</p>

Exhibit 3

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 12/20/2023

Date IAC Received 1824: 12/18/2023

1824 Log Number: 493631

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: CTC [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Physician and Surgeon Dr. N. Ndu, Psychologist Dr. [REDACTED] Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED]

Summary of Inmate's 1824 Request: Inmate alleges they missed pill call because they could not hear the announcement; Inmate requests to have staff give them personal notification of announcements.

Interim Accommodation:

No interim accommodation required: You do not report difficulty accessing Programs, Services, or Activities (PSA)s or performing Activities of Daily Living (ADL)s.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate alleges they missed pill call because they could not hear the announcement; Inmate requests to have staff give them personal notification of announcements.

Response: On 12/20/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Your previous 1824 requesting personal notifications (Grievance Log #492884) stated personal notifications were needed due to getting winded when wheeling yourself to the podium.

Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating you do not have documented hearing responsibility; you are scheduled for a hearing evaluation by your Primary Care Provider (PCP) on 12/27/2023. On 12/17/2023, you failed to show up to medication line for Suboxone. You did attend morning and evening medication on that day.

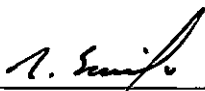
It is your responsibility to listen for announcements.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction If dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate: JAN 17 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) SATF		LOG NUMBER (Staff Use Only) 49343	DATE RECEIVED BY STAFF: CSATF OFFICE DEC 18 2023 OF GRIEVANCES
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC			
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT 2nd ADA	HOUSING F1

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

I not w/ an ADA Sat yesterday for this very issue. I was denied my Afternoon Meds because I was late to pill call

WHY CAN'T YOU DO IT?

I did not hear, nor did 5 other inmates, the call for pill call. One said he heard a mail call but that was it. This is at least the 3rd I've requested help being notified of podium announcements ANY and ALL. I DO NOT hear them, or understand what's said.

WHAT DO YOU NEED?

I need some kind of remedy for not being able to hear or understand podium announcements, whether lights on/off or a Porter, or gold coat. Also some ridiculous statements saying what time do we do pill call. Anytime from 11:40 to 12:45. It VARIES that much! I ask AGAIN, can I please get assistance for responding to announcements. And C/O's cooperation as well.

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:

I understand that state failure to cooperate may cause this request to be disapproved.

12-17-23
DATE SIGNED

Assistance in completing this form was provided by:

 Last Name

 First Name

 Signature

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 493631

STEP 1 INTERIM ACCOMMODATION ASSESSMENT Date CDCR 1824 received by IAC: 12 / 18 / 23

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

[] Yes / Unsure (Complete Steps 2 &/or 3) [X] No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling. Cannot safely navigate stairs.
Cannot safely access upper bunk. Seizure disorder and is assigned an upper bunk.
Workplace safety concerns. Hearing or vision claims that may jeopardize safety.
Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[redacted] AGPA [redacted] 12 / 18 / 23
Person Completing Step 1 Title Date Completed

STEP 2 CDCR 1824 INTERVIEWS Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Notes: FORWARD TO HC FOR INPUT REGARDING RECORD OF MEDICATION ADMINISTRATION ON 12/16/2023 - 12/17/2023 AND INPUT REGARDING REPORTED HEARING DIFFICULTIES. PREVIOUS 1824# 492884 REQUESTED PERSONAL NOTIFICATIONS, HOWEVER, STATED THE NEED WAS DUE TO GETTING WINDED WHEN WHEELING HIMSELF TO THE PODIUM.

Interviewer (Print Name) Title Signature Date Completed

IAP / Interview Worksheet

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 493631

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below) An Interim Accommodation **IS NOT required**.Reason: _____

_____ An Interim Accommodation **IS required**.Reason: _____

Accommodation(s) provided: _____

Date provided: _____

_____Comments: _____

_____[REDACTED]
Person Completing Step 3

AGPA

Title

Signature

12 / 19 / 23

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Monday December 18, 2023 01:41:37 PM

As of: 12/18/2023 ➡

OFFENDER/PLACEMENT

CDC#: [REDACTED]
 Name: [REDACTED]
 Facility: SAIF-Facility F
 Housing Area/Bed: F 001 [REDACTED]
 Placement Score: 19
 Custody Medium (A)
 Designation:
 Housing Program: Non-Designated Program Facility
 Housing Ground Floor-Limited Stairs
 Restrictions: Lower/Bottom Bunk Only
 Physical Transport Vehicle with Lift
 Limitations to Special Cuffing Needed
 Job/Other: Permanent - 12/31/9999

DISABILITY ASSISTANCE

Current DDP Status: NCF
 DDP Adaptive None
 Support Needs:
 Current DDP Status Date: 10/23/2017
 DPP Codes: DPO
 DPP Determination Date: 05/11/2023
 Current MH LOC: CCCMS
 Current MH LOC Date: 08/09/2023
 SLI Required:
 Interview Date:
 Non-Formulary
 Accommodations/Comments:
 Learning Disability:
 Initial Reading Level: 12.9
 Initial Reading Level Date: 10/30/2017
 Durable Medical Equipment: Air Cushion (for
 Wheelchair Seat)
 Canes
 Mobility Impaired
 Disability Vest
 Diabetic
 Supplies/Monitors
 Eyeglass Frames
 Incontinence Supplies
 Night Guard
 Therapeutic
 Shoes/Orthotics
 Walkers
 Wide Wheel Chair
 Languages Spoken:

IMPORTANT DATES

Date Received: 10/18/2017
 Last Returned
 Date:
 Release Date: 08/27/2207
 Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start 05/19/2021
 Date:
 Status: Full Time
 Position #: AD1.001.007
 Position Title: F B-1 ADA WORKER GROUP A
 Regular Days On: Monday through Friday (06:30:00 -
 10:00:00)
 Monday through Friday (10:30:00 -
 14:00:00)

**Disability Verification Process (DVP)
Worksheet
SIDE 1**

INMATE'S NAME (Print) [REDACTED]	CDCR 1824 LOG NUMBER 493631
CDCR NUMBER [REDACTED]	

INSTRUCTIONS

- A SME Shall **COMPLETE SECTION 1** prior to or during the **INITIAL RAP**.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGS

Person completing worksheet: G. Ugwueze, MD Title: CME

Type of Review: Health care review Mental Health review Education / learning disability review
 Other review: _____

File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: ___/___/___	<input type="checkbox"/> CDCR 7410 dated: ___/___/___	<input type="checkbox"/> CDCR 128-C2: dated: ___/___/___
<input type="checkbox"/> CDCR 7536 dated: ___/___/___	<input type="checkbox"/> CDC 7221-DME dated: ___/___/___	
<input type="checkbox"/> CDCR 128-C3: dated: ___/___/___	<input type="checkbox"/> CDCR 7386: dated: ___/___/___	<input type="checkbox"/> CDCR 7388: dated: ___/___/___
<input type="checkbox"/> Other: _____ dated: ___/___/___	<input type="checkbox"/> Other: _____ dated: ___/___/___	

Recently evaluated for this issue. Date seen: ___/___/___

Evaluation (exam/interview) scheduled. Anticipated date to be seen: ___/___/___

Disability indicated: Yes No Unable to Determine

DPP: DPO
 Summary of findings: DMF: Permanent: air cushion, cane, diabetic supplies/monitors, eyeglass, incontinence supplies, MID vest, therapeutic shoes, walker, wide wheelchair, night guard

Summary of limitations: Special Cuffing, Transport Vehicle With Lift, Bottom Bunk, Ground Floor- Limited Stairs

Comments: Patient does not have a documented hearing disability; patient is scheduled for hearing evaluation by PCP on 12/27/2023. On 12/17/23, pt failed to show up to med line for Suboxone. He showed up for morning and evening medication.

 Signature of Subject Matter Expert

12/20/23
 Date Signed

Exhibit 3

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 10/04/2023

Date IAC Received 1824: 10/2/2023

1824 Log Number: 457562

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: F2 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Health Program Manager III [REDACTED], Chief Medical Executive G. Ugweze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Dental Representative [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Education Representative [REDACTED].

Summary of Inmate's 1824 Request: The inmate reports their tablet is broken. The inmate requests repair or replacement.

Interim Accommodation:

No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s.

RAP RESPONSE:

RAP is able to render a final decision on the following: The inmate reports their tablet is broken. The inmate requests repair or replacement.

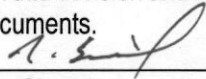
Response: On 5/20/2021, the RAP met and discussed your 1824, Reasonable Accommodation Request. The RAP reviewed your request and determined it is not a request for reasonable accommodation. You are encouraged to utilize the appropriate avenues to address requests or concerns. The inmate may submit a remedy ticket to Via Path through the kiosk. The California Department of Corrections and Rehabilitation (CDCR) is not responsible for issuing, servicing, or maintaining Via Path tablets.

If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process. You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate:

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 457502	DATE RECEIVED BY STAFF: OFFICE OCT 02 2023 OF GRIEVANCES	
***** TALK TO STAFF IF YOU HAVE AN EMERGENCY ***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC			
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT SATF	HOUSING F-2 [REDACTED]

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

I HAVE ASKED FOR HELP TO GET GTL TO FIX MY TABLET IM CCUMS AND I CANT GET TIME TO CALL MY FAMILY OR USE KIOSK AT NIGHT, MY CHARGER AND HEADPHONE PORT ARE BROKEN I NEED A NEW TABLET PLEASE, IM NOT GETTING EQUAL ACCESS

WHY CAN'T YOU DO IT?

BECAUSE GTL DOES NOT COME FIX IT LAST TIME THE MAN SAID HE HAD NO TABLET TO REPLACE

WHAT DO YOU NEED?

A WAY TO GET MY TABLET REPLACED AND A WAY TO CHARGE IT UNTIL THEN PLEASE

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes No Not Sure

List and attach documents, if available:

SOM 5
 [REDACTED]

I understand that staff may cooperate may cause this request to be disapproved.

Assistance in completing this form is available.

10-1-23
DATE SIGNED

Last Name

First Name

Signature

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only)		LOG NUMBER (Staff Use Only)		DATE RECEIVED BY STAFF:	
<p align="center">*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</p> <p>DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC</p>					
INMATE'S NAME (Print)		CDCR NUMBER	ASSIGNMENT	HOUSING	

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

WHY CAN'T YOU DO IT?

WHAT DO YOU NEED?

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

DATE SIGNED

Assistance in completing this form was provided by:

Last Name First Name Signature

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 457562

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 10 / 02 / 2023

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3)

No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

N. SCAIFE ADAC 10 / 2 / 2023
Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: I/M IS NOT ALLEGING A DISABILITY OR REQUESTING AN ACCOMMODATION TO ACCESS PSA'S.
I/M MAY SUBMIT REMEDY TICKET TO GTL. CDCR IS NOT RESPONSIBLE FOR ISSUING,
SERVICING, OR MAINTAINING GTL TABLETS.

Notes: _____

Interviewer (Print Name) Title Signature Date Completed

Inmate: _____ CDCR #: _____ CDCR 1824 Log #: _____

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation **IS NOT required**.

Reason: _____

An Interim Accommodation **IS required**.

Reason: _____

Accommodation(s) provided:

Date provided:

_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: _____

 Person Completing Step 3

 Title

 Signature

____/____/____
 Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.


Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Monday October 02, 2023 01:46:39 PM

As of: 

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#: [REDACTED]	Current DDP Status: NCF
Name: [REDACTED]	DDP Adaptive: None
Facility: SAIF-Facility F	Support Needs:
Housing F 002 [REDACTED]	Current DDP Status Date: 06/25/2002
Area/Bed:	DPP Codes: DPO
Placement 42	DPP Determination Date: 04/20/2023
Score:	Current MH LOC: CCCMS
Custody Medium (A)	Current MH LOC Date: 05/19/2021
Designation:	SLI Required:
Housing Non-Designated Program Facility	Interview Date:
Program:	Non-Formulary
Housing Ground Floor-No Stairs	Accommodations/Comments:
Restrictions: Lower/Bottom Bunk Only	Learning Disability:
Physical Limited Wheelchair User	Initial Reading Level: 06.0
Limitations to Special Cuffing Needed	Initial Reading Level Date: 02/23/2021
Job/Other: No Rooftop Work	Durable Medical Equipment: Ankle Foot
Permanent - 12/31/9999	Orthoses/Knee Ankle
	Foot Orthoses
	(AFO/KAFO)
	Wrist Support Brace
	Compression Stocking
	Mobility Impaired
	Disability Vest
	Diabetic
	Supplies/Monitors
	Eyeglasses for Aphakia
	Incontinence Supplies
	Pressure Reducing
	Support Services-Groups
	1,2 & 3 (Mattress)
	Night Guard
	Other (Include in
	Comments)
	Therapeutic
	Shoes/Orthotics
	Walkers
	Wheelchair
	Wound Care Dressings
	Languages Spoken:

IMPORTANT DATES	WORK/VOCATION/PIA
Date Received: 10/01/2020	Privilege Group: A
Last Returned	Work Group: A1
Date:	AM Job Start 09/18/2023
Release Date: 11/16/2028	Date:
Release Type: Earliest Possible Release Date	Status: Reentry
	Position #: CB2.020.011
	Position Title: F DRP CB2-1 F2-B-160
	Regular Days Monday, Wed, Friday (08:15:00 -
	On: 10:15:00)

Exhibit

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 11/1/2023

Date IAC Received 1824: 10/25/2023

1824 Log Number: 469166

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D1-[REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Health Program Manager III [REDACTED] Physician and Surgeon [REDACTED] Registered Nurse [REDACTED] Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Staff Services Analyst [REDACTED] Staff Services Analyst [REDACTED]

Summary of Inmate's 1824 Request: The alleges suffering from anxiety and depression due to being without a tablet. The inmate requests a tablet.

Interim Accommodation:

No interim accommodation required: You are safely accessing programs, services, and activities.

RAP RESPONSE:

RAP is unable to render a final decision on the following: The alleges suffering from anxiety and depression due to being without a tablet. The inmate requests a tablet.

Response: On 11/01/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request. The RAP reviewed your request and determined it is not a request for reasonable accommodation. Your request was forwarded to Mental Health (MH) Services for reports of anxiety and depression, and routine consult. Per Operational Procedure (OP) 526, GTL will provide all equipment, infrastructure, hardware, and software. GTL will provide all maintenance and operational support for the entire term of the contract. You are encouraged to utilize the appropriate avenues to address requests or concerns, such as utilizing the GTL kiosk to request a tablet.

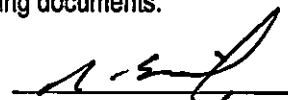
Due to its nature, your request was forwarded to Mental Health Services for input. Mental Health Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating you were seen on 10/23/2023 and 10/24/2023 by Dr. [REDACTED] at which time you expressed the same concerns contained in this 1824 regarding depression and frustration with lack of a tablet. You were informed that the tablets remain on back order. Due to your reported symptoms, you were placed back into the Correctional Clinical Case Management System (CCCMS) level of care on 10/24/2023.

Dr. [REDACTED] placed orders for you to receive a MH assessment and an Interdisciplinary Treatment Team (IDTT) now that you have been re-introduced in the Mental Health Services Delivery System (MHSDS). Your MH will be monitored for any changes or worsening in your symptoms and chart review indicates you are capable of completing the 7362 processes independently if you require MH support as needed (PRN).

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Mental Health Services for any mental health related requests. If you are dissatisfied or disagree with the treatment being provided by Mental Health Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife
ADA Coordinator/Designee


Signature

Date sent to Inmate: NOV 21 2023

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <i>SATF</i>	LOG NUMBER (Staff Use Only) <i>469166</i>	DATE RECEIVED BY STAFF: <i>OCT 25 2023</i>
--	---	--

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	OFFICE	HOUSING
[REDACTED]	[REDACTED]	<i>ADA WORKER</i>	[REDACTED]	<i>D-1-</i>

- INSTRUCTIONS:**
- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
 - You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
 - Submit this form to the Custody Appeals Office.
 - The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
 - The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
 - If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?
I'M A TRIPLE C INMATE WHO IS SUFFERING FROM DEPRESSION - AND ANXIETY DUE TO NOT BEING ABLE TO SPEAK TO MY CHILDREN BECAUSE I DON'T HAVE A TABLET WE ARE LOCKED DOWN SO OFTEN THAT I CAN'T SPEAK OR MESSAGE AS OFTEN AS I CAN.

WHY CAN'T YOU DO IT?
NO TABLET

WHAT DO YOU NEED?
A TABLET

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:

I understand that staff have a duty to interview or question me and my failure to cooperate may cause this request to be disapproved.

Assistance in completing this form was provided by:

10-24-23
DATE SIGNED

Last Name
First Name
Signature

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 469166

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 10 / 25 / 23

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

[] Yes / Unsure (Complete Steps 2 &/or 3)

[x] No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
Cannot safely access upper bunk.
Workplace safety concerns.
Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
Maintenance, repair, or replacement of health care safety concerns.
Cannot safely navigate stairs.
Seizure disorder and is assigned an upper bunk.
Hearing or vision claims that may jeopardize safety.

[redacted] AGPA [redacted] 10 / 25 / 23
Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

FORWARD TO MH FOR REPORTS OF ANXIETY AND DEPRESSION; OGG FORWARDED TO MH FOR ROUTINE CONSULT.


Notes: PER OP 526, GTL WILL PROVIDE ALL EQUIPMENT, INFRASTRUCTURE, HARDWARE, AND SOFTWARE. GTL WILL PROVIDE ALL MAINTENANCE AND OPERATIONAL SUPPORT FOR THE ENTIRE TERM OF THE CONTRACT. I/M IS ENCOURAGED TO UTILIZE KIOSK TO REQUESTS A TABLET. I/M MAY UTILIZE PHONES IN DAYROOM OR WRITE LETTERS TO CONTACT LOVED ONES.

Interviewer (Print Name) Title Signature Date Completed

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Wednesday October 25, 2023 02:24:33 PM

As of: 

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#: [REDACTED]	Current DDP Status: NCF
Name: [REDACTED]	DDP Adaptive: None
Facility: SATF-Facility D	Support Needs:
Housing Area/Bed: D 001 [REDACTED]	Current DDP Status Date: 11/05/2020
Placement Score: 77	DPP Codes:
Custody Designation: Medium (A)	DPP Determination Date:
Housing Program: Sensitive Needs Yard	Current MH LOC: CCCMS
Housing Restrictions:	Current MH LOC Date: 10/24/2023
Physical Limitations to	SLI Required:
Job/Other:	Interview Date:
	Non-Formulary
	Accommodations/Comments:
	Learning Disability:
	Initial Reading Level: 04.0
	Initial Reading Level Date: 11/04/2021
	Durable Medical Equipment:
	Languages Spoken:

IMPORTANT DATES	WORK/VOCATION/PIA
Date Received: 11/03/2020	Privilege Group: A
Last Returned	Work Group: A1
Date:	AM Job Start 01/28/2022
Release Date: 11/11/2058	Date:
Release Type: Minimum Eligible Parole Date	Status: Full Time
	Position #: AD2.002.004
	Position Title: D B-2 ADA WORKER GROUP B
	Regular Days On: Sun, Wed, Thu, Fri, Sat (13:00:00 - 16:45:00)
	Sun, Wed, Thu, Fri, Sat (17:30:00 - 20:30:00)

Exhibit

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 12/13/2023

Date IAC Received 1824: 12/11/2023

1824 Log Number: 490965

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: F1 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Staff Services Analyst [REDACTED], Staff Services Analyst [REDACTED], Education Representative [REDACTED], Field Training Lieutenant [REDACTED]

Summary of Inmate's 1824 Request: Inmate reports being hearing impaired; Inmate requests an iPad.

Interim Accommodation:

No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports being hearing impaired; Inmate requests an iPad.

Response: On 12/13/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

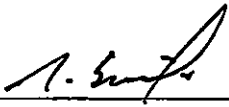
You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids, pocket talker, CART service during due process events and access to the caption phone. Your current Effective Communication (EC) methods of staff speaking loudly and clearly, and written notes are sufficient to maintain EC during due process and all general communication. You do not require an iPad with live captioning to access PSA's.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to Inmate:

JAN 09 2024

REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only) 490905	DATE RECEIVED BY STAFF:
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*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****

DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC

STAFF OFFICE,
DEC 11 2023

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT ADA 7W WORKER	CIRCUMSTANCES HOUSING F1
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INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?
 CANT PROPERLY COMMUNICATE VERBALLY AT ALL TIMES. MY SECONDARY FORM OF COMMUNICATION IS WRITTEN NOTES.

WHY CAN'T YOU DO IT?
 CANT ALWAYS PROPERLY COMMUNICATE WITH INMATES OR STAFF DUE TO HEARING.

WHAT DO YOU NEED?
 I'M REQUESTING I-PAD/I-PHONE FOR WRITTEN NOTE COMMUNICATION.

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available: SEE MEDICAL FILE.

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

12.10.2023
DATE SIGNED

Assistance in completing this form was provided by:

Last Name	First Name	Signature
-----------	------------	-----------

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 490965

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 12 / 11 / 23

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

[] Yes / Unsure (Complete Steps 2 &/or 3) [x] No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling. Cannot safely navigate stairs.
Cannot safely access upper bunk. Seizure disorder and is assigned an upper bunk.
Workplace safety concerns. Hearing or vision claims that may jeopardize safety.
Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[redacted] AGPA [redacted] 12 / 11 / 23
Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Notes: ADAC WILL REVIEW REQUEST FOR I-PAD

Interviewer (Print Name) Title Signature Date Completed

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Monday December 11, 2023 04:44:02 PM

As of: 12/11/2023 ➡

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#: [REDACTED]	Current DDP Status: NCF
Name: [REDACTED]	DDP Adaptive: None
Facility: SATF-Facility F	Support Needs:
Housing F 001 [REDACTED]	Current DDP Status Date: 02/18/2009
Area/Bed:	DPP Codes: DPW, DNH
Placement 19	DPP Determination Date: 06/20/2023
Score:	Current MH LOC: CCCMS
Custody Medium (A)	Current MH LOC Date: 09/16/2022
Designation:	SLI Required: No
Housing Non-Designated Program Facility	Interview Date: 08/21/2023
Program:	Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clearly
Housing Barrier Free/Wheelchair Accessible	Alternate Method - Hearing: Written Notes
Restrictions: Ground Floor-No Stairs	Non-Formulary CART service shall be
Lower/Bottom Bunk Only	Accommodations/Comments: provided during due process events.
Physical Full Time Wheelchair User	Learning Disability:
Limitations to Transport Vehicle with Lift	Initial Reading Level: 11.0
Job/Other: Special Cuffing Needed	Initial Reading Level Date: 09/29/2016
Lifting Restriction- Unable to Lift more than 19 Pounds	Durable Medical Equipment: Hearing Aid
Permanent - 12/31/9999	Back Braces
	Ankle Foot
	Orthoses/Knee Ankle
	Foot Orthoses (AFO/KAFO)
	Mobility Impaired
	Disability Vest
	Eyeglass Frames
	Foot Orthoses
	Knee Braces
	Other (Include in Comments)
	Therapeutic
	Shoes/Orthotics
	Wheelchair
	Languages Spoken:

IMPORTANT DATES	WORK/VOCATION/PIA
Date Received: 02/13/2009	Privilege Group: A
Last Returned	Work Group: A1
Date:	AM Job Start 04/19/2023
Release Date: 02/23/2026	Date:
Release Type: Minimum Eligible Parole Date	Status: Full Time
	Position #: AD1.001.001
	Position Title: F B-1 ADA WORKER GROUP A
	Regular Days On: Sun, Wed, Thu, Fri, Sat (06:30:00 - 10:00:00)
	Sun, Wed, Thu, Fri, Sat (10:30:00 - 14:00:00)

Exhibit

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 7/17/2024

Date IAC Received 1824: 7/15/2024

1824 Log Number: 592614

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: A1 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Associate Governmental Program Analyst [REDACTED], Psychologist Dr. [REDACTED], Healthcare Compliance Analyst [REDACTED], Registered Nurse [REDACTED], Health Care Grievance Representative [REDACTED], Office of Grievance Representative [REDACTED], Compliance Lieutenant [REDACTED], Chief Physician and Surgeon Dr. W. Kokor,

Summary of Inmate's 1824 Request: Inmate reports difficulty hearing announcements; Inmate requests a vibrating watch.

Interim Accommodation:

No interim accommodation required: You are safely accessing Programs, Services, and Activities (PSA)s.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports difficulty hearing announcements; Inmate requests a vibrating watch.

Response: On 7/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

A review of Strategic Offender Management System (SOMS) indicates you are designated DNH and are accommodated with hearing aids as well as a pocket talker.

Per CDCR memo, Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement Incarcerated Person Dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property package vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule.

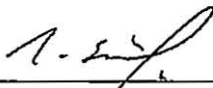
As you are not designated DPH you do not qualify to be accommodated with a vibrating watch.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate: AUG 13 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 592614	DATE RECEIVED BY STAFF: CSATF OFFICE JUL 15 2024 OF GRIEVANCES
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT NONE
HOUSING A1-[REDACTED]		

- INSTRUCTIONS:**
- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
 - You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
 - Submit this form to the Custody Appeals Office.
 - The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
 - The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
 - If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

I have trouble hearing the Announcements, I was told That the PLO Informed the hearing impaired inmates of a rechargeable vibrating watch.

WHY CAN'T YOU DO IT?

I'm hearing impaired

WHAT DO YOU NEED?

The rechargeable vibrating watch the PLO said SATF had for hearing impaired inmates.

You already approved me to buy my own when I had my stimulus check,

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available: See medical file

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

7/12/24

INMATE'S SIGNATURE
DATE SIGNED

Assistance in completing this form was provided by:

Last Name
First Name
Signature

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 592614

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 07 / 15 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

[] Yes / Unsure (Complete Steps 2 &/or 3)

[x] No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling. Cannot safely navigate stairs.
Cannot safely access upper bunk. Seizure disorder and is assigned an upper bunk.
Workplace safety concerns. Hearing or vision claims that may jeopardize safety.
Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[redacted] AGPA [redacted] 07 / 15 / 24
Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: [redacted] Title: C/O Interview date: 07 / 15 / 24

Interviewer Notes: OFFICER IS BUILDING REGULAR AND IS FAMILIAR WITH [redacted] [redacted] RESPONDS TO ANNOUNCEMENTS QUICKLY AND IS OFTEN THE FIRST ONE READY FOR MEALS, YARDS, ETC

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: PURSUANT TO CDCR MEMO ISSUANCE OF VIBRATING WATCHES AS A REASONABLE ACCOMMODATION FOR PERMANENT HEARING-IMPAIRED, IMPACTING PLACEMENT INCARCERATED PERSON DATED 06/03/2024, ALL PERSONS NOT DESIGNATED DPH MAY PURCHASE A VIBRATING WATCH FROM ANY DEPARTMENTALLY APPROVED AUTHORIZED

Notes: PERSONAL PROPERTY PACKAGE VENDOR AS A PART OF THEIR QUARTERLY PACKAGE ORDER IN KEEPING WITH TITLE 15 AND THE AUTHORIZED PERSONAL PROPERTY SCHEDULE. A REVIEW OF SOMS INDICATES I/M IS DESIGNATED DNH AND IS ACCOMMODATED WITH HEARING AIDS AS WELL AS A POCKET TALKER

[redacted] AGPA [redacted] 07 / 15 / 24
Interviewer (Print Name) Title Signature Date Completed

IAP / Interview Worksheet

Inmate [REDACTED]CDCR #: [REDACTED]

CDCR 1824 Log #: 592614

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below) An Interim Accommodation **IS NOT required**.Reason: _____
_____ An Interim Accommodation **IS required**.Reason: _____

Accommodation(s) provided:

Date provided:

_____	____ / ____ / ____
_____	____ / ____ / ____
_____	____ / ____ / ____

Comments: _____

[REDACTED]	AGPA	_____	07 / 15 / 24
Person Completing Step 3	Title	Signature	Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C

DPP Disability/Accommodation Summary

Monday July 15, 2024 01:43:53 PM

As of:

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#: [REDACTED]	Current DDP Status: NCF
Name: [REDACTED]	DDP Adaptive: None
Facility: SATF-Facility A	Support Needs:
Housing Area/Bed: A 001 [REDACTED]	Current DDP Status Date: 01/14/2005
Placement Score: 19	DPP Codes: DNH
Custody Designation: Medium (A)	DPP Determination Date: 09/25/2019
Housing Program: Non-Designated Program Facility	Current MH LOC: CCCMS
Housing Restrictions: Ground Floor-Limited Stairs	Current MH LOC Date: 01/28/2005
Lower/Bottom Bunk Only	SLI Required: No
Physical Limitations to Lifting Restriction- Unable to Lift more than 19 Pounds	Interview Date: 10/19/2015
Job/Other: Permanent - 12/31/9999	Primary Method(s) - Hearing Aids
EOP Accommodation	Hearing:
Recommendations:	Alternate Method - Hearing: Reads Lips
	Non-Formulary
	Accommodations/Comments:
	Learning Disability:
	Initial Reading Level: 11.8
	Initial Reading Level Date: 05/01/2014
	Durable Medical Equipment: Hearing Aid
	Canes
	Non-invasive Airway Assistive Devices - C-Pap Machine
	Electrical Access
	Eyeglass Frames
	Hearing Impaired Disability Vest
	Incontinence Supplies
	Knee Braces
	Therapeutic Shoes/Orthotics
	Languages Spoken:

IMPORTANT DATES	WORK/VOCATION/PIA
Date Received: 12/27/2004	Privilege Group: A
Last Returned Date:	Work Group: A1
Release Date: 09/27/2030	AM Job Start Date:
Release Type: Earliest Possible Release Date	Status:
	Position #:
	Position Title:
	Regular Days On:



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

OFFICE OF GRIEVANCES DECISION

INSTRUCTIONS: Do not mail this response.

Effective Communication shall be provided upon delivery and documented in SOMS.

Offender Name: [REDACTED]

Date: 09/06/2024

CDC#: [REDACTED]

Current Location: SATF-Facility A

Current Area/Bed: A 001 1 [REDACTED]

Log #: 00000592614

Claim #: 001

Received at Institution/Parole Region: California Substance Abuse Treatment Facility

Submitted to Facility/Parole District: California Substance Abuse Treatment Facility

Housing Area/Parole Unit:

Group: RAP Response Required

Category: Reasonable Accommodation

Sub-Category: Devices/Items

I. CLAIM

Inmate reports difficulty hearing announcements; Inmate requests a vibrating watch.

II. RULES AND REFERENCES

A. CONTROLLING AUTHORITY

1824 Desk Reference Manual

B. DOCUMENTS CONSIDERED

CDCR 1824 Request for Reasonable Accommodation

III. REASONING AND DECISION

On 7/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

A review of Strategic Offender Management System (SOMS) indicates you are designated DNH and are accommodated with hearing aids as well as a pocket talker.

Per CDCR memo, Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement Incarcerated Person Dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property package vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule.

As you are not designated DPH you do not qualify to be accommodated with a vibrating watch.

You are encouraged to utilize the appropriate avenues to address requests or concerns.

IV. Comments

N/A

Decision: Denied

After a thorough review of all the documents and evidence presented to the Office of Grievances, it is the order of the Office of Grievances to DENY the claim.

If you are dissatisfied with the decision of this claim, you may appeal this decision by mailing a CDCR Form 602-2 to the Office of Appeals.

Staff Signature	Title	Date/Time
[REDACTED]	Reviewing Authority	09/05/2024

Exhibit 3

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 1/24/2024 Date IAC Received 1824: 1/22/2024 1824 Log Number: 508719

Inmate's Name: [REDACTED] CDCR #: [REDACTED] Housing: A3-[REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugweze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED].

Summary of Inmate's 1824 Request: The inmate reports worsening hearing loss and alleges inability to hear dining and medication pass notifications. The inmate requests a mattress vibrator to wake him for program.

Interim Accommodation:

Interim Accommodation provided: You were issued a pocket talker on 01/03/2024 as an interim accommodation.

RAP RESPONSE:

RAP is able to render a final decision on the following: The inmate reports worsening hearing loss and alleges inability to hear dining and medication pass notifications. The inmate requests a mattress vibrator to wake him for program.

Response: On 01/24/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request. Per the Interim Accommodation Procedure (IAP) worksheet, dated 01/22/2024, you were issued a pocket talker on 01/03/2024 as an interim accommodation. Your request was forwarded to healthcare (HC) for input regarding your report of worsening hearing loss and record of diabetic call attendance. Housing unit staff utilize hearing impaired notification. You currently have an DPP verification code of DNH with hearing aids noted as your primary method of disability assistance, and an alternate method of disability assistance which requires staff to speak loudly and clearly. AS such, your hearing is restored to functional levels with the assistance and devices currently provided. A vibrating bed shaker is not indicated at this time, as you do not have profound hearing loss impacting your placement.

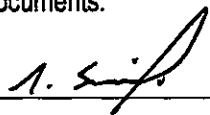
Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating per review of your chart, you started weekly diabetic medication, Semaglutide on 11/22/2023, and according to the Medication Administration Record, you received this medication every Wednesday and have not missed a dose from 11/22/2023 – 01/17/2024. You are scheduled to follow-up with a Hearing Aid Specialist on 02/21/2024.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate: **FEB 21 2024**

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

508719

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 508719	DATE RECEIVED BY STAFF: CSATF OFFICE JAN 22 2024 OF GRIEVANCES	
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC			
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT C32-1	HOUSING A3 [REDACTED]

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

Due to my hearing I can't hear when breakfast release is called further more I can't hear when Diabetics are called on Wednesday when I get my shot. I can't hear when everyone is up giving me time to get ready for the above mentioned

WHY CAN'T YOU DO IT?

My hearing is really bad and getting worse

WHAT DO YOU NEED?

A Mattress vibrator to wake me early enough to start my day without issue (or assist @ the last minute)

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

[REDACTED SIGNATURE]

1-20-24
 DATE SIGNED

Assistance in completing this form was provided by:

 Last Name First Name Signature

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 508719

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 01 / 22 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the **inmate injury or other serious harm** while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3) **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the **inmate injury or other serious harm** include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[redacted] AGPA [redacted] Signature [redacted] 01 / 22 / 24 Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

_____ I/M IS ALSO ACCOMMODATED WITH POCKET TALKER.

Notes: FORWARD TO HC FOR INPUT REGARDING REPORTED WORSENING HEARING LOSS AND RECORD OF DIABETIC CALL ATTENDANCE. HOUSING UNIT STAFF UTILIZE HEARING IMPAIRED NOTIFICATION. I/M IS CURRENT DNH WITH EC OF HEARING AIDS AND NEED STAFF TO SPEAK LOUDLY. I/M MAY UTILIZE THE SPECIAL PURCHASE ORDER PROCESS TO PURCHASE THE REQUESTED ITEM.

Interviewer (Print Name) _____ Title _____ Signature _____ / ___ / ___ Date Completed

IAP / Interview Worksheet

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 508719

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

[] An Interim Accommodation IS NOT required. Reason: _____

[] An Interim Accommodation IS required. Reason: _____

Accommodation(s) provided: _____ Date provided: ____/____/____

Comments: _____

[redacted] AGPA Signature 01 / 23 / 24 Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
• Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
• If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
• Consult with the ADA Coordinator when unsure which box to check in Step 1.
• Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
• Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
• Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
• Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
• Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Monday January 22, 2024 12:57:39 PM

As of: 01/22/2024 →

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#: [REDACTED]	Current DDP Status: NCF
Name: [REDACTED]	DDP Adaptive: None
Facility: SATF-Facility A	Support Needs:
Housing A 003 [REDACTED]	Current DDP Status Date: 05/09/2006
Area/Bed:	DPP Codes: DNH, DNV
Placement 19	DPP Determination Date: 05/05/2023
Score:	Current MH LOC: CCCMS
Custody Medium (A)	Current MH LOC Date: 04/18/2018
Designation:	SLI Required: No
Housing Non-Designated Program Facility	Interview Date: 12/28/2022
Program:	Primary Method(s) - Hearing: Hearing Aids
Housing Ground Floor-Limited Stairs	Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly
Restrictions: Lower/Bottom Bunk Only	Non-Formulary
Physical	Accommodations/Comments: TimeStamp: 28
Limitations to	December 2022
Job/Other:	10:14:21 --- User: [REDACTED]
	Learning Disability:
	Initial Reading Level: 12.9
	Initial Reading Level Date: 05/29/2014
	Durable Medical Equipment: Hearing Aid
	Back Braces
	Canes
	Eyeglass Frames
	Knee Braces
	Other (Include in Comments)
	Therapeutic
	Shoes/Orthotics
	Therapeutic Contact Lenses
	Languages Spoken:

IMPORTANT DATES	WORK/VOCATION/PIA
Date Received: 10/07/2013	Privilege Group: A
Last Returned 04/03/2018	Work Group: A1
Date:	AM Job Start 11/20/2023
Release Date: 11/12/2028	Date:
Release Type: Earliest Possible Release Date	Status: Reentry
	Position #: CB2.008.003
	Position Title: A DRP CB2-1 VOC RM 108
	Regular Days Monday, Wed, Friday (08:15:00 - On: 10:15:00)

**Disability Verification Process (DVP)
Worksheet
SIDE 1**

INMATE'S NAME (Print) [REDACTED]	CDCR 1824 LOG NUMBER 508719
CDCR NUMBER [REDACTED]	

INSTRUCTIONS

- A SME Shall **COMPLETE SECTION 1** prior to or during the **INITIAL RAP**.
- When the **RAP** needs more information, the **ADA Coordinator** shall complete **Section 2** during the **RAP** and assign the **DVP** for **Section 3** to be completed (See back of form).

SECTION 1 – SME FINDINGS

Person completing worksheet: G. Ugwueze, MD Title: CME

Type of Review: Health care review Mental Health review Education / learning disability review
 Other review: _____

File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: ___/___/___	<input type="checkbox"/> CDCR 7410 dated: ___/___/___	<input type="checkbox"/> CDCR 128-C2: dated: ___/___/___
<input type="checkbox"/> CDCR 7538 dated: ___/___/___	<input type="checkbox"/> CDC 7221-DME dated: ___/___/___	
<input type="checkbox"/> CDCR 128-C3: dated: ___/___/___	<input type="checkbox"/> CDCR 7388: dated: ___/___/___	<input type="checkbox"/> CDCR 7388: dated: ___/___/___
<input type="checkbox"/> Other: _____ dated: ___/___/___	<input type="checkbox"/> Other: _____ dated: ___/___/___	

Recently evaluated for this issue. Date seen: ___/___/___

Evaluation (exam/interview) scheduled. Anticipated date to be seen: ___/___/___

Disability indicated: Yes No Unable to Determine

DPP: DNV, DNH

Summary of findings: DME: back brace, cane, eyeglass, hearing aid, knee brace, therapeutic contact lens, therapeutic shoes, sunglasses for photo-phobia/light sensitivity

Summary of limitations: Bottom Bunk, Ground Floor- Limited Stairs

Comments: Per chart review, patient started his weekly diabetic medication, Semaglutide on 11/22/23; and according to Medication Administration Record, patient received this medication every Wednesday and has not missed a dose from 11/22/23- 11/17/24. Pt is scheduled to follow-up with Hearing Aid Specialist on 2/21/24.

[Signature]
Signature of Subject Matter Expert

01/24/2024
Date Signed

Exhibit

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 3/6/2024

Date IAC Received 1824: 3/4/2024

1824 Log Number: 528488

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: E1-[REDACTED]

RAP Staff Present: ADA Coordinator P. Llamas, Chief Physician and Surgeon (A) R. Davydov, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Staff Services Analyst [REDACTED]

Summary of Inmate's 1824 Request: Inmate reports difficulty hearing; Inmate requests an iPad, Over the Ear Headphones (OTEH), a vibrating watch, and sign language classes.

Interim Accommodation:

No interim accommodation required: You are eligible for OTEH and are currently on the wait list based on a previous request.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports difficulty hearing; Inmate requests an iPad, Over the Ear Headphones (OTEH), a vibrating watch, and sign language classes.

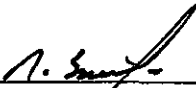
Response: On 3/6/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

A review of Strategic Offender Management System (SOMS) indicates you are currently on the wait list for OTEH. Once stock arrives and your name is reached on the list you will be issued OTEH. iPad technology is intended for individuals with profound hearing loss who utilize written notes. You are currently designated DNH with EC of hearing aids and need staff to speak loud and clear. You have demonstrated the ability to achieve effective communication through equally effective means such as with your hearing aids and with staff speaking loudly and clearly. ASL classes are currently not available at SATF. Although your PLO memo makes mention of a vibrating watch, they are not yet available for distribution. In the meantime, you may request to purchase one through the ADA special purchase order process.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife
ADA Coordinator/Designee


Signature

Date sent to inmate:

MAR 28 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only) 520488	DATE RECEIVED BY STAFF: MAR 04 2024 OF GRIEVANCES
<p>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</p> <p>DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC</p>		

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING E-1-
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INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

I have problems hearing ANNOUNCEMENTS, I ALSO HAVE NEED OF OVER THE EAR HEAD PHONES

WHY CAN'T YOU DO IT?

I AM following the instructions ON A MEMO FROM THE PRISON LAW OFFICE ON ACCOMMODATIONS FOR DEAF OR HARD OF HEARING PEOPLE

WHAT DO YOU NEED?

I would like to be evaluated for the speech to text I-PAD and over the ears head phones please

And i also would like the vibrating WATCH And to learn sign language

Thank you (Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

DATE SIGNED
3-4-24

Assistance in completing this form was provided by:

_____ Last Name _____ First Name _____ Signature

DRAFT

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 528488

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 03 / 04 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

[] Yes / Unsure (Complete Steps 2 &/or 3) [x] No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the Inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling. Cannot safely navigate stairs.
Cannot safely access upper bunk. Seizure disorder and is assigned an upper bunk.
Workplace safety concerns. Hearing or vision claims that may jeopardize safety.
Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
Maintenance, repair, or replacement of health care appliances which involve safety concerns.

[redacted] AGPA [redacted] Signature 03 / 04 / 24 Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

I/M IS ELIGIBLE FOR OTEH AND IS CURRENTLY ON THE WAIT LIST BASED ON A PREVIOUS REQUEST. ONCE STOCK ARRIVES AND I/M'S NAME IS REACHED ON THE LIST, I/M WILL BE ISSUE

Notes: OTEH. I-PAD TECHNOLOGY IS INTENDED FOR INDIVIDUALS WITH PROFOUND HEARING LOSS WHO UTILIZE WRITTEN NOTES. A REVIEW OF SOMS INDICATES I/M IS DESIGNATED DNH WITH EC OF HEARING AIDS AND NEEDS STAFF TO SPEAK LOUD AND CLEAR. ASL CLASSES ARE NOT CURRENTLY AVAILABLE AT SATE. I/M IS CURRENTLY ACCOMMODATED WITH HEARING AIDS.

Interviewer (Print Name) Title Signature Date Completed

IAP / Interview Worksheet

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 528488

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation **IS NOT** required.

Reason: _____

An Interim Accommodation **IS** required.

Reason: _____

Accommodation(s) provided:

Date provided:

_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: _____

[REDACTED]	AGPA	_____	03 / 05 / 24
Person Completing Step 3	Title	Signature	Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.


Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Monday March 04, 2024 02:20:28 PM

As of: 03/04/2024 

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#: [REDACTED]	Current DDP Status: NCF
Name: [REDACTED]	DDP Adaptive: None
Facility: SATF-Facility E	Support Needs:
Housing E 001 [REDACTED]	Current DDP Status Date: 04/10/2003
Area/Bed:	DPP Codes: DPW, DNH
Placement 24	DPP Determination Date: 08/31/2023
Score:	Current MH LOC: CCCMS
Custody Medium (A)	Current MH LOC Date: 12/11/2013
Designation:	SLI Required: No
Housing Non-Designated Program Facility	Interview Date: 09/08/2023
Program:	Primary Method(s) - Hearing: Hearing Aids
Housing Barrier Free/Wheelchair Accessible	Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly
Restrictions: Grab Bar Required	Non-Formulary
Ground Floor-No Stairs	Accommodations/Comments:
Lower/Bottom Bunk Only	Learning Disability:
Physical Full Time Wheelchair User	Initial Reading Level: 12.9
Limitations to Transport Vehicle with Lift	Initial Reading Level Date: 03/18/2013
Job/Other: Lifting Restriction- Unable to Lift more than 19 Pounds	Durable Medical Equipment: Air Cushion (for Wheelchair Seat)
No Rooftop Work	Hearing Aid
Permanent - 12/31/9999	Back Braces
	Compression
	Stocking
	Commode Chair
	Eyeglass Frames
	Hearing / Mobility
	Impaired Disability Vest
	Incontinence
	Supplies
	Knee Braces
	Other (Include in Comments)
	Therapeutic
	Shoes/Orthotics
	Truss Hernia Support
	Wheelchair
	Languages Spoken:

IMPORTANT DATES	WORK/VOCATION/PIA
Date Received: 04/22/1988	Privilege Group: A
Last Returned 06/05/1996	Work Group: A1
Date:	AM Job Start 03/04/2024
Release Date: 01/21/2038	Date:
Release Type: Minimum Eligible Parole Date	Status: Reentry
	Position #: ISO.003.003
	Position Title: E DRP ISO-3 EDUC RM 188
	Regular Days On: Monday, Wed, Friday (13:15:00 - 15:15:00)

Exhibit

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 2/28/2024

Date IAC Received 1824: 2/21/2024

1824 Log Number: 523321

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: G3 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED], Healthcare Program Manager III [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED].

Summary of Inmate's 1824 Request: The inmate reports difficulty hearing conversations around him requiring him to wear a hearing aid. The inmate requests issuance of an iPhone or iPad to assist him in his communication with others.

Interim Accommodation:

No interim accommodation required: You have a primary method of disability assistance which requires staff to speak loudly and clearly, with an alternate method of hearing aids. iPhones or iPads are intended for individuals with a profound hearing loss, who utilize written notes to achieve effective communication. You are safely accessing programs, services, and activities.

RAP RESPONSE:

RAP is able to render a final decision on the following: The inmate reports difficulty hearing conversations around him requiring him to wear a hearing aid. The inmate requests issuance of an iPhone or iPad to assist him in his communication with others.

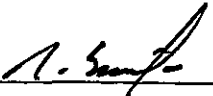
Response: On 02/28/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request. Per the Interim Accommodation Procedure (IAP) worksheet, dated 02/21/2024, notes a review of the Strategic Offender Management System (SOMS) indicates you have a DPP verification code of DNH. You have a primary method of disability assistance which requires staff to speak loudly and clearly, with an alternate method of hearing aids. iPhones or iPads are intended for individuals with a DPP verification code of DPH who have profound hearing loss and utilize written notes to achieve effective communication.

The RAP reviewed your request and determined you do not require real time captioning to access programs, services and activities (PSA's). You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services regarding issues with your hearing aids, or for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process. You are safely accessing programs, services, and activities.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to Inmate: **MAR 20 2024**

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 523321	DATE RECEIVED BY STAFF: CSATF OFFICE
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*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****
DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC

FEB 21 2024
 OF GRIEVANCES

INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT E.O.P	HOUSING 8
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INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
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- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?
 I HAVE ISSUES HEARING PEOPLE AROUND ME WHEN I'M HAVING CONVERSATION'S

WHY CAN'T YOU DO IT? BECAUSE I HAD AN EAR RUPTURE, WHICH MADE ME HAVE TO WEAR A HEARING AID.

WHAT DO YOU NEED?
 I I pad or I phone would help me communicate with my peers.

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:
it is documented I wear a HEARING AID

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.
 [REDACTED SIGNATURE] **2/21/2024**
 INMATE'S SIGNATURE DATE SIGNED

Assistance in completing this form was provided by:

 Last Name First Name Signature

DRAFT

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: _____ CDCR #: _____ CDCR 1824 Log #: 523321

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 02 / 21 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

- Yes / Unsure** (Complete Steps 2 &/or 3) **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

Person Completing Step 1

AGPA _____
Title

Signature

02 / 21 / 24
Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ____ / ____ / ____ Due back to IAC: ____ / ____ / ____ Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: A REVIEW OF SOMS INDICATES I/M IS DESIGNATED AS DNH WITH A PRIMARY EC OF NEED STAFF TO SPEAK LOUDLY AND CLEARLY AND ALTERNATE OF HEARING AIDS. IPADS OR IPHONES ARE INTENDED FOR INDIVIDUALS WITH A PROFOUND HEARING LOSS (DPH) WHO UTILIZE WRITTEN NOTES FOR EFFECTIVE COMMUNICATION

Interviewer (Print Name)

Title

Signature

____ / ____ / ____
Date Completed

IAP / Interview Worksheet

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 523321

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation **IS NOT** required.
Reason: _____

An Interim Accommodation **IS** required.
Reason: _____

Accommodation(s) provided:	Date provided:
_____	___/___/___
_____	___/___/___
_____	___/___/___

Comments: _____

[redacted]	AGPA	_____	02 / 28 / 24
Person Completing Step 3	Title	Signature	Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate’s request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is “Yes/Unsure,” proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate’s request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Wednesday February 21, 2024 01:09:38 PM

As of: 02/21/2024 [REDACTED]

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#: [REDACTED]	Current DDP Status: NCF
Name: [REDACTED]	DDP Adaptive: None
Facility: SATF-Facility G	Support Needs:
Housing Area/Bed: G 003 [REDACTED]	Current DDP Status Date: 07/16/2001
Placement Score: 18	DPP Codes: DNH
Custody Medium (A)	DPP Determination Date: 07/10/2022
Designation:	Current MH LOC: EOP
Housing Program: Enhanced Out Patient	Current MH LOC Date: 10/17/2023
Housing Lower/Bottom Bunk Only	SLI Required: No
Restrictions:	Interview Date: 03/07/2023
Physical Limitations to Job/Other:	Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clearly
	Alternate Method - Hearing: Hearing Aids
	Non-Formulary
	Accommodatons/Comments: TimeStamp: 7 March 2023 13:05:39
	--- User: [REDACTED]
	Learning Disability:
	Initial Reading Level: 09.0
	Initial Reading Level Date: 02/23/2023
	Durable Medical Equipment: Hearing Aid
	Compression Stocking
	Hearing Impaired Disability Vest
	Languages Spoken:

IMPORTANT DATES	WORK/VOCATION/PIA
Date Received: 03/27/2019	Privilege Group: A
Last Returned Date:	Work Group: A1
Release Date: 10/20/2040	AM Job Start Date:
Release Type: Earliest Possible Release Date	Status:
	Position #:
	Position Title:
	Regular Days On:

Exhibit 6

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 2/21/2024

Date IAC Received 1824: 2/15/2024

1824 Log Number: 520909

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D3 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED], Principle (A) [REDACTED].

Summary of Inmate's 1824 Request: The inmate reports their hearing aids do not work correctly. The inmate requests a new pair of updated hearing aids. The inmate requests Communication Access Realtime Translation (CART) Services at an upcoming Rule Violation Report (RVR) hearing and Board of Prison Hearing (BPH).

Interim Accommodation:

No interim accommodation required: You are accommodated with a pocket talker as of 10/06/2023.

RAP RESPONSE:

RAP is able to render a final decision on the following: The inmate reports their hearing aids do not work correctly. The inmate requests a new pair of updated hearing aids. The inmate requests Communication Access Realtime Translation (CART) Services at an upcoming Rule Violation Report (RVR) hearing and Board of Prison Hearing (BPH).

Response: On 02/21/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request. Per the Interim Accommodation Procedure (IAP) worksheet, dated 02/15/2024, notes you are accommodated with a pocket talker as of 10/06/2023. Your request for a new hearing aid is duplicative to Log# 520905. Your request was forwarded to healthcare (HC) for input regarding your request for new hearing aids. You are encouraged to utilize a 7362 for medical related requests. You have already requested CART service for BPH during 1073 interview with your assigned Correctional Counselor I.

The Americans with Disabilities Act Coordinator (ADAC) has reviewed your request for CART service during due process events. You are designated DNH, meaning your hearing loss is not so severe that you must rely on written communication. Rather, you have residual hearing at a functional level with hearing aids. Furthermore, you possess a personal sound amplification product (PSAP) to provide even further assistance with hearing. Your recent effective communication (EC) history has been reviewed, showing successful EC achievement at due process events using existing methods, such as staff speaking loudly and clearly, and your use of hearing aids. Therefore, the ADAC determined you do not require CART to establish EC, as currently available methods have proven to provide equal accessible means.

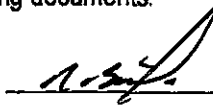
Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating your request is a duplicate to Log# 520905 – An order has been placed for you to follow up with the Hearing Aid Specialist for malfunctioning hearing aids. You are accommodated with a hearing-impaired disability vest.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate:

MAR 13 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST.
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 5209109	DATE RECEIVED BY STAFF: CSATF OFFICE FEB 15 2024 OF GRIEVANCE
---	---	--

*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****
DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC

INMATE'S NAME (Print) [Redacted]	CDCR NUMBER [Redacted]	ASSIGNMENT DRP	HOUSING D3 - [Redacted]
-------------------------------------	---------------------------	--------------------------	-----------------------------------

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? *I'm having hearing issues.*

WHY CAN'T YOU DO IT? *Hearing impair.*

WHAT DO YOU NEED? *I need new hearing aids Flame 250 BTE. I need CART for my upcoming bogus IIS hearing and Parale board hearing.* (Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:
Medical ADA Communication Summary 2/24/24

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

[Redacted Signature] **INMATE'S SIGNATURE** *2/3/24* **DATE SIGNED**

Assistance in completing this form was provided by:

Last Name	First Name	Signature

DRAFT

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 520909

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 02 / 15 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

Yes / Unsure (Complete Steps 2 &/or 3)

No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[redacted] AGPA [redacted] 02 / 15 / 24
 Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Staff interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

 I/M is accommodated w/ a pocket talker as of 10/16/23

Notes: REQUEST FOR HA DUPLICATE TO 520905. FORWARD TO HC FOR INPUT REGARDING REQUEST OF NEW HEARING AIDS. I/M IS ENCOURAGED TO UTILIZE A 7362 FOR MEDICAL RELATED REQUESTS. I/M HAS ALREADY REQUESTED CART FOR BPH DURING 1073 INTERVIEW WITH COUNSELOR. ADAC WILL REVIEW REQUEST FOR CART DURING CDCR DUE PROCESS.

 Interviewer (Print Name) Title Signature Date Completed

IAP / Interview Worksheet

Inmate: CDCR #: CDCR 1824 Log #: 520909

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation **IS NOT** required.

Reason: _____

An Interim Accommodation **IS** required.

Reason: _____

Accommodation(s) provided:

Date provided:

_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: _____

<u> </u>	<u>AGPA</u>	<u> </u>	
Person Completing Step 3	Title	Signature	Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Thursday February 15, 2024 02:14:33 PM

As of: 02/15/2024 [REDACTED]

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#: [REDACTED]	Current DDP Status: NCF
Name: [REDACTED]	DDP Adaptive: None
Facility: SATF-Facility D	Support Needs:
Housing Area/Bed: D 003 [REDACTED]	Current DDP Status Date: 09/11/2001
Placement Score: 104	DPP Codes: DPW, DNH
Custody: Medium (A)	DPP Determination Date: 06/19/2023
Designation:	Current MH LOC: CCCMS
Housing Program: Sensitive Needs Yard	Current MH LOC Date: 10/14/2020
Housing: Barrier Free/Wheelchair Accessible	SLI Required: No
Restrictions: Ground Floor-No Stairs	Interview Date: 07/05/2023
Lower/Bottom Bunk Only	Primary Method(s) - Hearing: Hearing Aids
Trapeze Bar Required	Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly
Physical Limitations: Full Time Wheelchair User	Non-Formulary EEC 128B completed by SLI
to Job/Other: Transport Vehicle with Lift	Accommodations/Comments: [REDACTED]
Special Cuffing Needed	Learning Disability:
Lifting Restriction- Unable to Lift more than 19 Pounds	Initial Reading Level: 12.9
Permanent - 12/31/9999	Initial Reading Level Date: 11/16/2012
	Durable Medical Equipment: Air Cell Cushion - High Profile (Roho)
	Hearing Aid
	Back Braces
	Canes
	Non-invasive Airway Assistive Devices - C-Pap Machine
	Electrical Access
	Eyeglass Frames
	Hearing / Mobility Impaired Disability Vest
	Incontinence Supplies
	Knee Braces
	Night Guard
	Therapeutic Shoes/Orthotics
	Wheelchair
	Languages Spoken:

IMPORTANT DATES	WORK/VOCATION/PIA
Date Received: 10/01/1991	Privilege Group: A
Last Returned	Work Group: A1
Date:	AM Job Start: 09/30/2023
Release Date: 05/20/2006	Date:
Release Type: Minimum Eligible Parole Date	Status: Full Time
	Position #: AD1.002.022
	Position Title: D B-3 ADA WORKER GROUP A
	Regular Days On: Sun, Mon, Tue, Fri, Sat (13:00:00 - 16:45:00)
	Sun, Mon, Tue, Fri, Sat (17:30:00 - 20:30:00)

**Disability Verification Process (DVP)
Worksheet
SIDE 1**

INMATE'S NAME (Print)		CDCR 1824 LOG NUMBER
[REDACTED]		520909
CDCR NUMBER		
[REDACTED]		

INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGS

Person completing worksheet: G. Ugwueze, MD Title: CME

Type of Review: Health care review Mental Health review Education / learning disability review
 Other review: _____

File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: ___/___/___	<input type="checkbox"/> CDCR 7410 dated: ___/___/___	<input type="checkbox"/> CDCR 128-C2: dated: ___/___/___
<input type="checkbox"/> CDCR 7536 dated: ___/___/___	<input type="checkbox"/> CDC 7221-DME dated: ___/___/___	
<input type="checkbox"/> CDCR 128-C3: dated: ___/___/___	<input type="checkbox"/> CDCR 7386: dated: ___/___/___	<input type="checkbox"/> CDCR 7388: dated: ___/___/___
<input type="checkbox"/> Other: _____ dated: ___/___/___	<input type="checkbox"/> Other: _____ dated: ___/___/___	

Recently evaluated for this issue. Date seen: ___/___/___


Evaluation (exam/interview) scheduled. Anticipated date to be seen: ___/___/___

Disability indicated: Yes No Unable to Determine

DPP: DPW, DNH
 Summary of findings: DME: Air cell cushion - high profile (ROHO), back braces, cane, HID/MID vest, eyeglass frames, hearing aid, incontinence supplies, knee braces, C-Pap, therapeutic shoes/orthotics, wheelchair

Summary of limitations: Trapeze bars, barrier free wheelchair access, ground floor-no stairs, bottom bunk, full time wheelchair user, transport vehicle w/ lift, special cuffing, lifting restriction

Comments: Duplicate to 520905 - Order has been placed for patient to follow up with Hearing Aid Specialist for malfunctioning hearing aids. Patient is accommodated with a hearing impaired disability vest.


 Signature of Subject Matter Expert

02/16/2024
 Date Signed

Exhibit

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 10/11/2023

Date IAC Received 1824: 10/6/2023

1824 Log Number: 460315

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D3 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Health Program Manager III [REDACTED], Chief Medical Executive G. Ugweze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Field Training Lieutenant [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Education Representative [REDACTED]

Summary of Inmate's 1824 Request: The inmate states they are having trouble hearing. The inmate requests to use Communication Access Real-Time Translation Services (CART) at their Board of Prison Hearing (BPH) in November.

Interim Accommodation:

No interim accommodation required: You are safely accessing programs, services, and activities.

RAP RESPONSE:

RAP is able to render a final decision on the following: The inmate states they are having trouble hearing. The inmate requests to use Communication Access Real-Time Translation Services (CART) at their Board of Prison Hearing (BPH) in November.

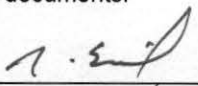
Response: On 10/11/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request. Your request to receive CART services at your BPH hearing in November was reviewed by the RAP committee. A review of SOMS indicates you are designated DNH and are accommodated with hearing aids. A review of your communication methods shows that you do not require written notes to establish effective communication (EC). Currently, the California Department of Correction and Rehabilitation (CDCR) offers CART to qualifying individuals during classification committees, Administrative Segregation Unit (ASU) Placement Notice Hearings, Rule Violation Report (RVR) Hearings, and biannual interviews covered by the staff misconduct orders.

Your request to use CART services has been denied. You may request additional assistance from BPH staff during your BPH hearing. Staff will continue to establish EC with you by ensuring you are wearing your hearing aids and speaking loudly and clearly if your hearing aids are not available or not working. You are safely accessing programs, services, and activities. You may request additional assistance from BPH staff during your BPH hearing.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate:

CSATF OFFICE
NOV 03 2023
OF GRIEVANCES

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 460315	DATE RECEIVED BY STAFF: CSATF OFFICE OCT 06 2023
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****		
DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		

INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT DRP/AIA	OF GRIEVANCES HOUSING D3-[REDACTED]
-------------------------------------	---------------------------	------------------------------	--

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?
 My Counselor CCI [REDACTED] told me to turn in 1824 form for hearing assistant through CART - with real live captioning for my BPH coming up in November.

WHY CAN'T YOU DO IT?
 I'm having trouble hearing.

WHAT DO YOU NEED?
 Live Captioning during my BPH hearing per title 15, CCR section 2251

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:
ADA Accommodation Communication Summary Status or Medical File.

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

[REDACTED] **INMATE'S SIGNATURE** 10/5/23 **DATE SIGNED**

Assistance in completing this form was provided by:

_____ Last Name _____ First Name _____ Signature

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 460315

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 10 / 6 / 2023

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3) **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED] OT [REDACTED] 10 / 6 / 2023
 Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
 Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Notes: I/M is DNH with a primary communication method of "hearing aids" and a secondary of "need staff to speak loudly and clearly."

_____/_____/_____
 Interviewer (Print Name) Title Signature Date Completed

IAP / Interview Worksheet

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 460315

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation **IS NOT required**.
 Reason: _____

An Interim Accommodation **IS required**.
 Reason: _____

Accommodation(s) provided:	Date provided:
_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: _____

_____	_____	_____	____/____/____
Person Completing Step 3	Title	Signature	Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Friday October 06, 2023 10:30:02 AM

As of: 10/06/2023 

OFFENDER/PLACEMENT

CDC#: [REDACTED]
 Name: [REDACTED]
 Facility: SATF-Facility D
 Housing Area/Bed: D 003 [REDACTED]
 Placement Score: 104
 Custody Medium (A)
 Designation:
 Housing Program: Sensitive Needs Yard
 Housing Barrier Free/Wheelchair Accessible
 Restrictions: Ground Floor-No Stairs
 Lower/Bottom Bunk Only
 Trapeze Bar Required
 Physical Full Time Wheelchair User
 Limitations to Transport Vehicle with Lift
 Job/Other: Special Cuffing Needed
 Lifting Restriction- Unable to Lift more than 19 Pounds
 Permanent - 12/31/9999

DISABILITY ASSISTANCE

Current DDP Status: NCF
 DDP Adaptive: None
 Support Needs:
 Current DDP Status Date: 09/11/2001
 DPP Codes: DPW, DNH
 DPP Determination Date: 06/19/2023
 Current MH LOC: CCCMS
 Current MH LOC Date: 10/14/2020
 SLI Required: No
 Interview Date: 07/05/2023
 Primary Method(s) - Hearing: Hearing Aids
 Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly
 Non-Formulary EEC 128B completed by SLI
 Accommodations/Comments: [REDACTED]
 Learning Disability:
 Initial Reading Level: 12.9
 Initial Reading Level Date: 11/16/2012
 Durable Medical Equipment: Air Cell Cushion - High Profile (Roho)
 Hearing Aid
 Back Braces
 Canes
 Non-invasive Airway
 Assistive Devices - C-Pap Machine
 Mobility Impaired Disability Vest
 Electrical Access
 Eyeglass Frames
 Hearing Impaired Disability Vest
 Incontinence Supplies
 Knee Braces
 Night Guard
 Therapeutic Shoes/Orthotics
 Wheelchair
 Languages Spoken:

IMPORTANT DATES

Date Received: 10/01/1991
 Last Returned
 Date:
 Release Date: 04/20/2006
 Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start 09/30/2023
 Date:
 Status: Full Time
 Position #: AD1.002.022
 Position Title: D B-3 ADA WORKER GROUP A
 Regular Days On: Sun,Mon,Tue, Fri,Sat (13:00:00 - 16:45:00)
 Sun,Mon,Tue, Fri,Sat (17:30:00 - 20:30:00)

Exhibit

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 2/14/2024

Date IAC Received 1824: 2/8/2024

1824 Log Number: 517620

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: G1 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Executive Officer A. Banerjee, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED] Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Registered Nurse [REDACTED] Staff Services Analyst [REDACTED] Staff Services Analyst [REDACTED]

Summary of Inmate's 1824 Request: The inmate requests an iPhone or iPad with text to speech technology.

Interim Accommodation:

No interim accommodation required: You are safely accessing programs, services, and activities.

RAP RESPONSE:

RAP is able to render a final decision on the following: The inmate requests an iPhone or iPad with text to speech technology.

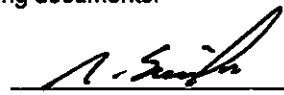
Response: On 02/14/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request. Per the Interim Accommodation Procedure (IAP) worksheet, dated 02/08/2024, notes a review of the Strategic Offender Management System (SOMS) indicates you have a DPP verification code of DNH with a primary method of disability assistance which requires staff to speak loudly and clearly, and an alternate method of use of hearing aids. Issuance of iPhone technology is intended for individuals with profound hearing loss who utilize written notes to achieve effective communication.

The RAP reviewed your request and determined you do not meet criteria for issuance of iPhone technology as a reasonable accommodation. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to Inmate:

MAR 07 2024

REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 517620	DATE RECEIVED BY STAFF: CSATF OFFICE FEB 08 2024
---	--	--

*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****
 DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7382 or a CDCR 602-HC

OF GRIEVANCES

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT "EOP"	HOUSING G1
-----------------------	-------------	----------------------------	----------------------

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?
 I would like to be provided an (Iphone/Ipad) with speech-to-text technology

WHY CAN'T YOU DO IT? they have NOT issued them

WHAT DO YOU NEED? (Iphone/Ipad) with "Speech-to-text" technology

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:

I understand that if I refuse to be interviewed or examined, and my failure to cooperate may cause this request to be disapproved.

IMMATE'S SIGNATURE
2-7-2024
DATE SIGNED

Assistance in completing this form was provided by:

Last Name First Name Signature

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: _____ CDCR #: _____ CDCR 1824 Log #: 517620

STEP 1 INTERIM ACCOMMODATION ASSESSMENT Date CDCR 1824 received by IAC: 02 / 08 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3) **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

_____ AGPA _____ 02 / 08 / 24
 Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS *Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
 Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ **Location:** _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Notes: A REVIEW OF SOMS INDICATES I/M IS DESIGNATED DNH WITH PRIMARY EC OF NEED STAFF TO SPEAK LOUDLY AND CLEARLY AND ALTERNATE OF HEARING AIDS. ISSUANCE OF IPHONE TECHNOLOGY IS INTENDED FOR INDIVIDUALS WITH PROFOUND HEARING LOSS WHO UTILIZE WRITTEN NOTES FOR EC.

_____ / ___ / ___
 Interviewer (Print Name) Title Signature Date Completed

IAP / Interview Worksheet

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 517620

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

[] An Interim Accommodation IS NOT required. Reason: _____

[] An Interim Accommodation IS required. Reason: _____

Accommodation(s) provided: _____ Date provided: ____/____/____

Comments: _____

[redacted] AGPA Signature Date Completed 02 / 08 / 24

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP. Step 2 should be completed whenever the inmate's request is unclear... Consult with the ADA Coordinator when unsure which box to check in Step 1.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate... Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Thursday February 08, 2024 11:45:14 AM

As of: 02/08/2024 ➡

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#: [REDACTED]	Current DDP Status: NCF
Name: [REDACTED]	DDP Adaptive None
Facility: SATF-Facility G	Support Needs:
Housing G 001 [REDACTED]	Current DDP Status Date: 11/08/2001
Area/Bed:	DPP Codes: DNH
Placement Score: 19	DPP Determination Date: 08/29/2022
Custody Medium (A)	Current MH LOC: EOP
Designation:	Current MH LOC Date: 09/24/2021
Housing Program: Enhanced Out Patient	SLI Required: No
Housing Ground Floor-Limited Stairs	Interview Date: 06/11/2018
Restrictions: Lower/Bottom Bunk Only	Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clearly
Physical No Rooftop Work	Alternate Method - Hearing: Hearing Aids
Limitations to Permanent - 12/31/9999	Non-Formulary Per E/C chrono dated 06/06/18.
Job/Other:	Accommodations/Comments: Primary: Need Staff to Speak Loudly and Clearly. Alternate: Hearing Aids.
	TimeStamp: 11 June 2018 10:20:25 ---
	User: [REDACTED]
	Learning Disability:
	Initial Reading Level: 10.7
	Initial Reading Level Date: 06/29/2010
	Durable Medical Equipment: Hearing Aid
	Hearing Impaired Disability Vest
	Languages Spoken:

IMPORTANT DATES	WORK/VOCATION/PIA
Date Received: 06/11/2010	Privilege Group: A
Last Returned	Work Group: A1
Date:	AM Job Start 08/14/2023
Release Date: 12/18/2024	Date:
Release Type: Minimum Eligible Parole Date	Status: Reentry
	Position #: CB2.004.012
	Position Title: G DRP CB2-1 G2-C-160
	Regular Days On: Monday, Wed, Friday (08:15:00 -
	10:15:00)

Exhibit

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 1/17/2024

Date IAC Received 1824: 1/16/2024

1824 Log Number: 505659

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D1 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Executive Officer A. Banerjee, Chief Medical Executive G. Ugweze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED], Principle (A) [REDACTED]

Summary of Inmate's 1824 Request: Inmate reports difficulty hearing; Inmate requests an iPhone or iPad.

Interim Accommodation:

No interim accommodation required: You do not report difficulty accessing Programs, Services, or Activities (PSA)s or performing Activities of Daily Living (ADL)s.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports difficulty hearing; Inmate requests an iPhone or iPad.

Response: On 1/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

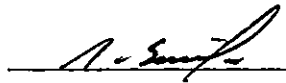
You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids and a pocket talker. Your current Effective Communication (EC) methods of hearing aids and need staff to speak loudly and clearly are sufficient to maintain EC during due process and all general communication. You do not require an iPad or iPhone with live captioning to access PSAs.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife _____

ADA Coordinator/Designee



Signature

Date sent to inmate:

FEB 15 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INSTITUTION (Staff use only) <p style="text-align: center; font-size: 1.2em;"><i>SATE</i></p>	LOG NUMBER (Staff Use Only) <p style="text-align: center; font-size: 1.2em;"><i>505659</i></p>	DATE RECEIVED BY STAFF <p style="text-align: center; font-size: 1.2em;"><i>JAN 16 2024</i></p>	
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7382 or a CDCR 602-HC		OFFICE OF GRIEVANCES	
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT <p style="text-align: center; font-size: 1.2em;"><i>PLA</i></p>	HOUSING <p style="text-align: center; font-size: 1.2em;"><i>D1-</i></p>
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 			
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? <p style="font-size: 1.2em;"><i>Hear people very well with the hearing aids</i></p>			
WHY CAN'T YOU DO IT? <p style="font-size: 1.2em;"><i>hearing aids do not work the best</i></p>			
WHAT DO YOU NEED? <p style="font-size: 1.2em;"><i>The iPhone or tablet for communication</i></p>			
(Use the back of this form if more space is needed)			
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure <input type="checkbox"/>			
List and attach documents, if available:			
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.			
[REDACTED] INMATE'S SIGNATURE		<p style="font-size: 1.5em;"><i>1/13/24</i></p> DATE SIGNED	
Assistance in completing this form was provided by:			
_____ Last Name	_____ First Name	_____ Signature	

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: _____ CDCR #: _____ CDCR 1824 Log #: 505659

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 01 / 16 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

- Yes / Unsure** (Complete Steps 2 &/or 3)
- No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

_____ AGPA _____ 01 / 16 / 24
 Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ___ / ___ / ___ Due back to IAC: ___ / ___ / ___ Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ___ / ___ / ___

Interviewer Notes: _____

Notes: ISSUANCE OF THE IPHONE TECHNOLOGY IS INTENDED FOR INDIVIDUALS WITH PROFOUND HEARING LOSS. I/M IS CURRENTLY DESIGNATED DNH AND IS BEING ACCOMMODATED WITH HEARING AIDS AND A POCKET TALKER. I/M'S CURRENT METHODS OF EC ARE HEARING AIDS AND STAFF SPEAK LOUDLY AND CLEARLY.

_____ / ___ / ___
 Interviewer (Print Name) Title Signature Date Completed

IAP / Interview Worksheet

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 505659

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation **IS NOT** required.
Reason: _____

An Interim Accommodation **IS** required.
Reason: _____

Accommodation(s) provided:	Date provided:
_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: _____

[REDACTED]	AGPA		01 / 17 / 24
Person Completing Step 3	Title	Signature	Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.


Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Tuesday January 16, 2024 02:30:23 PM

As of: 

<p>OFFENDER/PLACEMENT CDC#: [REDACTED] Name: [REDACTED] Facility: SATF-Facility D Housing Area/Bed: D 001 [REDACTED] Placement Score: 70 Custody Designation: Medium (A) Housing Program: Sensitive Needs Yard Housing Restrictions: Lower/Bottom Bunk Only Physical Limitations to Special Cuffing Needed Job/Other: Permanent - 12/31/9999</p>	<p>DISABILITY ASSISTANCE Current DDP Status: NCF DDP Adaptive: None Support Needs: Current DDP Status Date: 03/09/2018 DPP Codes: DNM, DNH DPP Determination Date: 10/18/2023 Current MH LOC: CCCMS Current MH LOC Date: 09/03/2019 SLI Required: No Interview Date: 10/11/2023 Primary Method(s) - Hearing: Hearing Aids Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly Non-Formulary Accommodations/Comments: Learning Disability: Initial Reading Level: 12.9 Initial Reading Level Date: 04/25/2018 Durable Medical Equipment: Hearing Aid Canes Eyeglass Frames Other (Include in Comments) Therapeutic Shoes/Orthotics Languages Spoken:</p>
---	--

<p>IMPORTANT DATES Date Received: 03/02/2018 Last Returned Date: Release Date: 11/06/2028 Release Type: Earliest Possible Release Date</p>	<p>WORK/VOCATION/PIA Privilege Group: A Work Group: A1 AM Job Start: 10/29/2022 Date: Status: Full Time Position #: PFO.501.058 Position Title: FOOD & BEVERAGE PACKAGER Regular Days: Monday through Friday (07:00:00 - On: 11:30:00) Monday through Friday (12:00:00 - 15:00:00)</p>
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Exhibit

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 1/17/2024

Date IAC Received 1824: 1/16/2024

1824 Log Number: 505665

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D1-[REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Executive Officer A. Banerjee, Chief Medical Executive G. Ugweze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED], Principle (A) [REDACTED]

Summary of Inmate's 1824 Request: Inmate reports difficulty communicating with loved ones because the telephone volume is not loud enough; Inmate requests an iPhone or iPad.

Interim Accommodation:

No interim accommodation required: The caption phone and tty phone are available on your facility.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports difficulty communicating with loved ones because the telephone volume is not loud enough; Inmate requests an iPhone or iPad.

Response: On 1/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

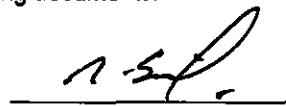
You do not have a severe hearing impairment impacting placement. Your hearing is restored to a functional level with your prescribed hearing aid. The live captioning provided by the iPhone and iPad is designed to be received from in-person communication, not through the use of a telephone. If you cannot use the telephone effectively, you may continue to use your GTL tablet and Over The Ear Headphones to communicate with your family. You may also access the TTY phone and caption phone on your facility.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to inmate:

FEB 15 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INSTITUTION (Staff use only) SATP	LOG NUMBER (Staff Use Only) 505665	DATE RECEIVED BY STAFF: CSAM JAN 16 2024
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		OF GRIEVANCES

INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT D1-A	HOUSING [REDACTED]
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INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? **CORRESPOND GOOD W/FAMILY & FRIENDS.**

THANK YOU

WHY CAN'T YOU DO IT? **TELEPHONE VOLUME DOESNT GO HIGH ENOUGH.**

THANK YOU

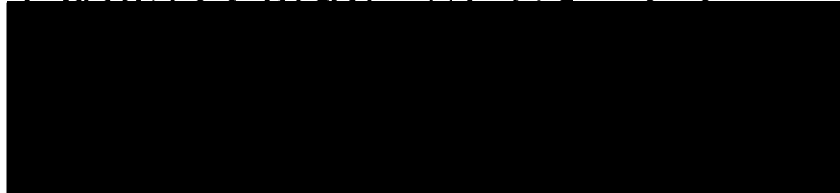
WHAT DO YOU NEED? **I'VE BEEN SHOWN/TOLD I COULD RECEIVE THE IPAD/IPHONE FOR CORRESPONDING. I'M ADA HEARING IMPAIRED.**

THANK YOU.

(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure

List and attach documents, if available:
HEARING IS IN MY MEDICAL FILE/CHRONIC.



to cooperate may cause this request to be disapproved.
1/13/24.
DATE SIGNED

Assistance in completing this form was provided by:

_____	_____	_____
Last Name	First Name	Signature

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: _____ CDCR #: _____ CDCR 1824 Log #: 505665

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 01 / 16 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

Yes / Unsure (Complete Steps 2 &/or 3)

No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

Person Completing Step 1

AGPA _____
Title

Signature

01 / 16 / 24
Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ____ / ____ / ____ Due back to IAC: ____ / ____ / ____ Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: ISSUANCE OF THE IPHONE TECHNOLOGY IS INTENDED FOR INDIVIDUALS WITH PROFOUND HEARING LOSS. I/M IS CURRENTLY DESIGNATED DNH AND IS BEING ACCOMMODATED WITH HEARING AIDS AND A POCKET TALKER AND CAN ACCESS CAPTION OR TDD/TTY PHONE. I/M'S CURRENT METHODS OF EC ARE STAFF SPEAK LOUDLY AND CLEARLY AND WRITTEN NOTES.

Interviewer (Print Name)

Title

Signature

____ / ____ / ____
Date Completed

IAP / Interview Worksheet

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 505665

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

An Interim Accommodation **IS NOT** required.

Reason: _____

An Interim Accommodation **IS** required.

Reason: _____

Accommodation(s) provided:

Date provided:

___/___/___
 ___/___/___
 ___/___/___

Comments: _____

[REDACTED]	AGPA		01 / 17 / 24
Person Completing Step 3	Title	Signature	Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Tuesday January 16, 2024 02:32:03 PM

As of: 01/16/2024 →

OFFENDER/PLACEMENT

CDC#: [REDACTED]
 Name: [REDACTED]
 Facility: SATF-Facility D
 Housing Area/Bed: D 001 [REDACTED]
 Placement Score: 74
 Custody Medium (A)
 Designation:
 Housing Program: Sensitive Needs Yard
 Housing Lower/Bottom Bunk Only
 Restrictions:
 Physical Lifting Restriction- Unable to Lift more
 Limitations to than 19 Pounds
 Job/Other: Permanent - 12/31/9999

DISABILITY ASSISTANCE

Current DDP Status: NCF
 DDP Adaptive: None
 Support Needs:
 Current DDP Status Date: 03/06/2002
 DPP Codes: DNH
 DPP Determination Date: 06/21/2023
 Current MH LOC: CCCMS
 Current MH LOC Date: 08/19/2013
 SLI Required: No
 Interview Date: 08/21/2023
 Primary Method(s) - Hearing: Need Staff to Speak Loudly
 and Clearly
 Primary Method - Speech: Written Notes
 Non-Formulary CART service shall be
 Accommodations/Comments: provided during due process
 events.
 Learning Disability:
 Initial Reading Level: 09.0
 Initial Reading Level Date: 03/09/2018
 Durable Medical Equipment: Hearing Aid
 Back Braces
 Eyeglass Frames
 Hearing Impaired Disability
 Vest
 Incontinence Supplies
 Night Guard
 Therapeutic Shoes/Orthotics
 Languages Spoken:

IMPORTANT DATES

Date Received: 01/21/2016
 Last Returned 04/05/2022
 Date:
 Release Date: 02/13/2036
 Release Type: Earliest Possible Release Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start 10/29/2022
 Date:
 Status: Full Time
 Position #: PFO.501.049
 Position Title: FOOD & BEVERAGE PACKAGER
 Regular Days Monday through Friday (07:00:00 -
 On: 11:30:00)
 Monday through Friday (12:00:00 -
 15:00:00)